

IDPA Prior Approval Information Form for TNF blocker agents

<http://www.dpaillinois.com/pharmacy/guidelines.html>

A. PHYSICIAN INFORMATION				ALL Information Requested On This Form Must Be Complete	
Physician Name: _____		DEA #: _____		License #: _____	
<div style="display: flex; justify-content: space-around;"> YES NO </div>					
Prescriber is a Rheumatologist? 		(If NO, list specialty) _____		Office phone #: _____	
Pharmacy Name: _____		Pharmacy I.D. #: _____		Pharmacy Phone #: _____	
B. PATIENT INFORMATION					
Patient Name: _____		DOB ____/____/____		Patient 9 digit IDPA Recipient Number: _____	
(Patient must be 18 years of age or older for approval)				Patient Social Security Number: _____	
C. PATIENT INFORMATION - DIAGNOSIS and THERAPY INFORMATION					
Initial request for: <input type="checkbox"/> Enbrel <input type="checkbox"/> Humira <input type="checkbox"/> Remicade (non-pref. except for Crohn's disease)		Diagnosis Description: _____			
Renewal request for: <input type="checkbox"/> Enbrel <input type="checkbox"/> Humira <input type="checkbox"/> Remicade		ICD-9 Code: _____			
A Change From One Agent To Another Requires An Explanation In The Comment Section Below					
		<div style="display: flex; justify-content: space-around;"> YES NO </div>			
Failure of at least two forms of DMARD therapy (if no, explain in comment section)				<u>REQUESTED DOSE/NDC</u> <input type="checkbox"/> Enbrel 25mg: 58406042534 twice weekly <input type="checkbox"/> Enbrel 50mg: 58406043501 twice weekly <input type="checkbox"/> Humira 40mg: 00074379902 every other week <input type="checkbox"/> Remicade 100mg: 57894003001: <div style="margin-left: 20px;">Patient weight = _____ kg</div> <div style="margin-left: 20px;">Dose/Frequency To Be Given: _____</div>	
Positive PPD prior to initiating TNF blocker therapy					
History or pre-existing neurological diseases (incl. demyelinating disorders)					
Lupus erythematosus or lupus-like syndrome					
History of malignancy					
Evidence or history of heart failure					
Evidence of infection					
Patient is educated on the administration of the medication (e.g., injection techniques)					
Associated risks and monitoring for side effects (e.g., signs of infection) explained					
If requesting Remicade, failure on both Enbrel and Humira					
D. DRUG ACQUISITION and ADMINISTRATION INFORMATION					
		<div style="display: flex; justify-content: space-around;"> YES NO </div>			
Medication will be dispensed to patient by retail pharmacy					
Medication will be dispensed to Long-Term Care (LTC) facility by LTC pharmacy					
Dispensed and given at the doctors office then billed through IDPA physician billing					
E. ADDITIONAL INFORMATION					
IMPORTANT: To prevent delay, fax relevant patient information with this form to validate request, or list comments below					
F. PHYSICIAN or DESIGNEE'S SIGNATURE:					
				Date: _____	